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CONFIRMATION NO. 2042

<b>SERIAL NUMBER</b> 10/552,781	<b>FILING or 371(c) DATE</b> 10/12/2005 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> 38195.77	
<b>APPLICANTS</b> Nozomu Sahashi, Osaka, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/05072 04/08/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-108057 04/11/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/04/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SIND Acknowledged PHONGSVIRAJATI/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 41	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> OKADA C/O KEATING & BENNETT, LLP 1800 Alexander Bell Drive SUITE 200 Reston, VA 20191 UNITED STATES					
<b>TITLE</b> At-home medical examination system and at-home medical examination method					
<b>FILING FEE RECEIVED</b> 2350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		